

Original Article

Paediatric Parents and Nurses Perception of Family – Centered Nursing Care in Southwest Nigeria

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Abstract

Background: Literature abounds of the positive impacts of Family-Centered Nursing Care on the outcome of paediatric care. However, despite the near-universal adoption of Family-Centered Care in paediatric hospitals, there is paucity of literature on what forms Family centered nursing care in the paediatric population in Nigeria.

Aims: This study examined paediatric parents (PP) and nurses’ perceptions of Family – Centered Nursing care behaviors to be most and least important.

Methodology: A descriptive design was used, University College Hospital, Ibadan and Massy Street Children Hospital, Lagos State, South-West Nigeria were the study settings. Purposive sampling technique was adopted to select 323 parents while simple random sampling used to recruit 176 nurses who participated in the study. A modified Family Centered Care Scale (FCCS) was used for data collection. Data was analyzed using descriptive statistics, t- test and multiple regression.

Results: The Family Centered nurse-caring behaviours mostly perceived as caring by the paediatric parents was “Use my suggestions about how to care for your child (4.46 ± 1.496) while nurses perceived “Parents are given detail explanations about changes they could be expected from their condition (4.48 ± 0.985) as the most important. Age (p = 0.03), education (p = 0.02) influenced paediatric parents perception of Family centered nursing care behaviors and length of hospital stay (p = 0.96) did not influence it. Nurses age (0.08) did not influence their perception of Family centered nursing care behaviors but years of paediatric experience (0.02) influenced it. There was no statistical significant difference in the paediatric Parents and Nurses perception Family centered nursing care behaviors (p = 0.90).

Conclusions: Paediatric parents and nurses perceived these items to be important for FCNC. Therefore, these should be incorporated into nursing practice and nursing education in Nigeria in providing sense of care.

Keywords: Paediatric parents, Nurses, perception, Family centered care, Family centered nursing care behaviors, Family centered care scale

Introduction

Caring for families is fundamental to paediatric nursing (Curley, Hunsberger & Harris, 2013). Watson defines human life as “spiritual –mental-physical) being in the world, which is continuous in time and space. The importance of being aware of patient’s perceptions of nurse caring behaviors is supported by the theory of human care (Watson 1998). FCC is a concept used to describe the approach to caring for children and their families within health services in which care is planned around the whole family, not just the individual child or young person and in which all the family members are recognized as care recipients. The main element of FCC is the involvement or participation of the parents in a child’s care (Shields, Pratt & Hunter 2006). The main element of FCC is the involvement of the parents in child’s care. The illness of a child can have a traumatic effect on both families and child. Pediatric care has adopted the philosophy of FCC approach in order to maximize the well being of pediatrics patients. The philosophy is founded on the collaboration of the nurses and families to plan provide and evaluate care. Nurses must work with the family to develop the best plan of care for a child (Saleeba, 2008). Several studies have been conducted on parents and nurses and health professional perception of FCC. Gavin et al (2000) found that parents rated respect, collaboration and support as important elements of FCC.

Patients and families are viewed as valuable source of information to explain the impact of their children illness on their lives and the quality of the care they received by the family. These perspectives of theirs can be used to shape effective solutions and target practice improvements in the care-delivery experience (Vincent & Davis, 2012). However, despite the near- universal adoption of family centered care in developed countries, there is no empirical studies to determine what constitute family centered nursing care behaviors for parents of hospitalized children and nurses in Nigeria.

Research Questions and Hypothesis

The following were the questions the study was set to answer:

1. What is the family centered nursing care behaviors perceived by paediatric parents and nurses as most and least important.
2. How does some demographic characteristics of these subjects such as age ,length of hospital stay and level of education of the paediatric parents and age, years of paediatric experience of the nurses affect their perception of Family centered nursing care behaviours.

Three hypotheses were generated for the study. They are;

1. There is no significant difference between the perception of paediatric parents’ and nurses’ on Family centered nursing care behaviors.
2. There is no significant relationship between parents’ characteristics (level of education, age, length of hospital stay) and their perception of Family centered nursing behaviours.
3. There is no significant relationship between nurses’ characteristics (age and years of paediatric experience) and their perception of Family centered nursing behaviours.

Background

Quality of nursing care from the parents’ perspective plays an important role in the development and improvement of health services performance and image. Parent or patient satisfaction is significant indicator that evaluates the care quality provided by healthcare services (Tsironi et al , 2011). Hospitalization is a stressful event for parents, which can also impact children negatively by threatening children's sense of well-being, security, independence, and self-control (Hockenberry & Wilson, 2011). Foster, Whitehead & Maybee , 2011 reviewed articles on Family Centered Care (FCC) and the study show that parents’ experience with family centered care varies in which differences could be attributed to age, gender, class, religion, education.

Several studies has been conducted on parents and nurses perception of family centered care (Curley et al, 2013; Gill et al , 2014; Jeglinsky, 2011). Studies have also been conducted on caring behaviors in developed countries. Kimble, 2003 assessed nurses perception of what constitutes caring for the patient; Zamanzadeh et al (2010)

conducted a study on patients' and professional nurses' perceptions of important nurse caring behaviors important in making them feel cared for. However, studies on paediatric patients' perception of nurse caring behaviour have been conducted in some Western nations including Nigeria (Pelander, Leino-Kilpi, & Katajisto, 2007; Adereti et al (2014). In Nigeria, there is paucity as regards what constitute family centered nursing care behaviors for parents of hospitalized children and nurses working in paediatric units. Therefore, this study was aimed at identifying those nursing activities that are important for Family Centered Nursing Care (FCNC) by the paediatric parents and nurses.

Methodology

A descriptive design was used for this study. The study was conducted in the paediatric units of two tertiary hospitals in Southwest, Nigeria. The hospitals are University College Hospital, Ibadan and Massy Street Children Hospital, Ibadan. Using purposive sampling technique for paediatric parents, the sample size was 323 paediatric parents or guardian from a total population of 607 children admitted per month. Subjects are parents or guardian of hospitalized children between age's 1-14 years. Allocation of sample frame is proportional in between the wards. Paediatric parents/guardian was purposively selected based on the following inclusion criteria: (1) biological parents or guardian of the sick child (2) persons directly responsible for the care and wellbeing of the child and provides consistent care (3) the sick child who must have been hospitalized for at least one week. Utilizing simple random sampling for nurses, the sample size is 176 nurses who are have been working for not less than six months in the selected paediatric units.

Instrument for data collection

The instrument for data collection was a modified Family Centered Care Scale developed by Curley, Hunsberger & Harris (2013). The instrument consists of 20 items adapted from the original instrument to accommodate the subjects, study settings and objectives of the study. The modification of the instrument was made by consultant paediatrician, senior nurse lecturers, paediatric nurses and statistician. Each item was rated on a 5-point likert scale of not all important, less important, important, moderately important

and very important. For the focus of this study, the instrument was back translated into Yoruba language which is a major language spoke in the study setting and from Yoruba language back to English language.

Face and content validity was determined by a team of paediatric nurses and five parents of hospitalized children. A pilot study was conducted with 20 paediatric parents in a hospital different from the study setting to ensure internal consistency and reliability of the English instrument and translated versions. The result was cronbach's alpha value of 0.94 for the English instrument and 0.93 for the Yoruba instrument.

Procedure for data collection

Data was collected between January and June 2015. Ethical approval was taken from the ethical and review committees of University College Hospital, Ibadan and Massy Street Children Hospital. Written and oral informed consent to participate in the study was further obtained from parents who agreed to participate in the study. The informed consent emphasized that participation was voluntary and confidentiality guaranteed. The participant were asked to rate the items on the scale perceived to be important for FCNC using a five point likert scale of 1= not all important, to 5= very important. The principal investigator and two research assistants helped to read and fill the responses for respondents who could neither read nor write in English or Yoruba language, for those who could read they were given the questionnaire to fill. These questionnaires were filled between 15 to 45 minutes. The questionnaire were retrieved the same day and examined if they were properly filled.

Data Analysis

The data were analysed using SPSS software version 21.0. Each item on the questionnaire was first coded for statistical analysis from 1 for the not all important to 5 for the very important and their mean scores and standard deviations were calculated to find the most important and least important Family centered nursing care behaviors. The items with the highest mean were identified as most important family centered nursing care behaviors while the items with the lowest mean scores were identified as the least important family

centered nursing care behaviors. The *t*-test analysis of variables was used to compare paediatric parents and nurses' scores on each item to determine any difference in their perception of family centered nursing behaviours. Regression analysis was used to determine the effect of socio demographic variables on paediatric parents and nurses' perception of family centered nursing behavior.

Results

Socio-Demographic Characteristics of Subjects

The ages of paediatric parents/guardian ranged from 18 to 55 years with mean of 29.72 ± 5.89 . There were 92.9% mother/female guardians. Only 48% had primary school education while 36.8% had secondary school education. The nurses' age ranged from 20- 52 years with mean of (34.81 ± 7.99) . The nurses' ages were between 20- 52 years with mean of (34.81 ± 7.99) . Only 96.6% were females, 77.8% had diploma in nursing qualification while 22.2% had bachelor degree in nursing. Their years of paediatrics experience ranged from 1 to 12 years with mean of 4.25 ± 3.11 (table 1).

Family Centered Nursing Care Behaviors Identified by Paediatric Parents and Nurses

Table 2 shows family centered nursing behavior highly rated by paediatric parents/guardian perceived as very important were "Use my suggestions about how to care for your child (4.46 ± 1.496)", "Feel well- cared for (4.42 ± 0.879)", "Explain about changes you could expect in your child's condition (4.40 ± 0.958)", "Figure out how you can be most helpful to your child (4.38 ± 0.845)" and "Given an opportunity in taking a break from your child's room (3.51 ± 1.479)" as least important.

Nurses rated the following family centered nursing care behaviors as the most important "Parents are given detail explanations about changes they could be expected from their condition (4.48 ± 0.985)", "Parents are treated as a valued team member when planning their child's nursing care (4.33 ± 0.910)", "Parents are help to figure out how they can be most helpful to their child (4.31 ± 0.956)", "Parents are given explanations on how to respond to child behavior and emotional reaction related to illness and hospitalization (4.30 ± 1.038)

while "Parents are allowed to request how they want to participate in child care (4.07 ± 1.023)" was rated the last.

Analyzing the list of the most important items, the paediatric parents and nurses agreed on 7 out of the 10 most important items. The seven items were; "Suggestions are used about how to care for their child", "convinced your child is well- cared for", "Explain about changes you could expect in your child's condition", "Figure out how you can be most helpful to your child", "Participate actively in the care of your child", "Are treated as a valued team member when planning their child's nursing care", "Are asked to relate things about their child that the nurse should know".

Utilizing multiple regression (Table 3), there was no significant influence of age, level of education and length of hospital stay on paediatric parents perception of Family Centered Nursing behavior ($F=2.058$ $p=0.106$). The nurses' age and years of paediatric experience significantly influenced their perception of Family Centered Nursing behavior ($F=11.167$ $p=0.00$). There was no significant difference between the perception of paediatric parents' and nurses on Family Centered Nursing behavior ($t= 0.014$, $P=0.90$).

Discussion

This study explored paediatric parents and nurses perception of family centered nursing care behaviors. The strength of the study included the use of matched parent and staff instruments that allowed for direct comparisons of family centered nursing care behavior perceptions. The ranking of the most important Family centered nursing care behaviours by the paediatric parents and nurses revealed that "Suggestions are used about how to care for their child", "convinced your child is well- cared for", "Explain about changes you could expect in your child's condition", "Figure out how you can be most helpful to your child", "Participate actively in the care of your child", "Are treated as a valued team member when planning their child's nursing care" were considered very important. This finding is similar with the study of Curley et al (2013), who reported parents rated the same items as important for FCNC.

Table 1: Distribution of the Subjects according to Their Socio- demographic Characteristics

Variable	Paediatric Parents Frequency(percentage)	Nurses Frequency (Percentage)
Age		
Below 20	2(0.6)	
21-30	217(67.2)	72(40.9)
31-40	94(29.2)	69(39.2)
41 and above	18(5.6)	35(19.9)
Gender		
Male	23(7.1)	6(3.4)
Female	300(92.9)	170(96.6)
Educational level		
Primary	155(48.0)	
Secondary	119(36.8)	
Educational level		
RN		137(77.8)
BNSC		39(22.2)
Years of paediatric experience		
1—5 years		148(84.0)
6-10		14(8.0)
Above 10 years		14(8.0)

Table 2: Paediatric Parents' and Nurses' Ranking of the 10 Most Important Family Centered Nursing Care Behaviors

ITEMS PARENTS N=323	MEAN/SD	ITEMS NURSES N=176	MEAN/SD
Use my suggestions about how to care for your child.	4.46±1.496	Are given detail explanations about changes they could expect from their child's condition	4.48±0.985
Convinced your child is well-cared for	4.42±0.879	Are treated as a valued team member when planning their child's nursing care.	4.33±0.910
Explain about changes you could expect in your child's condition	4.40±0.158	Are helped to figure out how they can be most helpful to their child	4.31±0.956
Figure out how you can be most helpful to your child	4.38±0.845	Are given explanations on how to respond to child's behavior and emotional reactions related to illness and hospitalization	4.30±1.038
Confident in caring for my sick child	4.38±0.804	Are helped to be of the opinion their child is well cared for	4.30±1.113
Provide information as regards your child's condition and medical history	4.38±0.867	Are asked to relate things about their child that the nurse should know	4.29±0.856
Given the paediatric parents opportunity to participate in your child's care	4.37±0.856	Are allowed to feel important in child's care	4.26±1.073
Participate actively in the care of your child	4.37±0.833	Are well cared for	4.25±1.149
Informed about the importance of collaborative care	4.36±1.011	Are welcomed	4.23±0.912
Involved in making key decisions in the care of your child	4.33±0.946	Suggestions are used about how to care for their child	4.23±1.165

Table 3: Paired sample T-test of Paediatric Parents and Nurses Perception of Family Centered Nursing Care Behaviours.

VARIABLES	MEAN	SD±	df	t ^{-cal}	P ^{value}
Perception of paediatric parents	155.57	18.65	497	0.014	0.90
Perception of Nurses	158.06	18.82			

Table 4: Socio- demographic Variables and Paediatric Parents and Nurses Perception of Family Centered Nursing Care Behaviours.

	MODEL	T	P	Beta	F	P
PAEDIATRIC PARENTS	Age	2.141	0.03	0.119	2.058	0.11
	Education level	1.275	0.02	0.073		
	Length of hospital stay	0.039	0.96	0.002		

	MODEL	T	P	Beta	F	P
NURSES	Age	1.73	0.08	0.179	11.167	0.00
	Years of paediatric experience	1.80	0.02	0.186		

These findings supports that of Harbaugh, Tomlinson & Kirschbaum (2004) who conducted a qualitative study to assess parents' perception of nurses' caregiving behaviors in paediatric intensive care unit. Parents reported nurses engaged in nurturing and vigilant behavior, namely showing affection, caring, watching and protecting. Melo et al (2014) reported communication and mutual understanding was emphasized by primary caregivers as very important for Family Centered Care.

Also, findings in this study revealed that nurses ranked "Parents are given detail explanations

about changes they could expect from their child's condition" as the most important nursing behavior important for FCNC. This is in line with Omari, Abualrub & Ayasreh(2013) who conducted a study on perceptions of patients and nurses towards nurse caring behaviors in coronary care units in Jordan. They reported patients in critical care units perceived physical and technical behaviors as most important caring behaviors whereas nurses perceived teaching behaviors as the most important. Findings from this study also revealed there is no significant difference between the perception of paediatric parents' and nurses'

on Family centered nursing care behaviors. This could be due to the nurses' educational base, where informed consent and educating parents of patho-physiology of disease conditions take a significant part. Frequency analysis (table 2) also demonstrated marked concordance between paediatric parents and nurses in prioritizing how important these items are for FCNC. Seven nurse caring behaviors were ranked among the ten most important behaviours. Adereti et al, (2014) reported there is no significant difference in the paediatrics patients and primary caregiver perception of nurse caring behaviors. This also supported by Stuart & Melling (2014) who reported parents and nurses had similar perceptions of task allocation in Family Centered Care. This is in contrast with the study of Gill, Pascoe, Monterosso, Young, Burr, Tanner & Shields (2014) who compared parents and hospital staff perception of Family Centered Care in two Australian tertiary paediatric hospital, findings revealed that both parents and staff responses were different. Kimble et al (2003) indicated that regardless of the patients age or the severity of their illness, parents and patients alike share the same perception regarding which nursing behaviours are the most indicative of their sense of caring.

The second hypothesis generated for this study revealed there is statistical differences in the perception of Family Centered Nursing Care behavior by age and level of education but length of hospital stay did not influence it. This finding could be because most parents had a previous experience in the hospital with other siblings of the sick child. Kam et al (2008) reported that age and length of stay did not explain the differences between the responses of parents of hospitalized children with sickle cell disease who perceived their child's care as of lower quality than parents of children with cancer. This differs from the study of Commodari(2010) who reported that length of hospital stay and age influenced the respondents perception of stress and level of anxiety. Perception of FCNC behaviors of the nurses varied by years of paediatric experience but age did not. Bruce (2002) reported there is no significant difference between years of paediatric experience and perceptions of necessary elements of FCC. The reason for this may be due to the fact

that nurses included in the study were those that have been working for not less than 6months in the selected paediatric units.

These findings provide concrete information as regards the Family Centered Nursing Care behaviors, the parents of hospitalized children would like to experience and caring behaviors nurses perceived as important for family centered care, they should include in their daily practice. For effective implementation of Family Centered Nursing Care among the paediatric settings, there is need for nurses and healthcare professionals to take cognizance of the nurse caring behaviors important to parents of hospitalized children. Interventions should be initiated in the hospitals to help nurses meet the caring expectations for parents of hospitalized children in order to be in tune with their needs. There is need for further studies in the implementation of FCC among the paediatric population in Nigeria.

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Research Setting

University College Hospital, Ibadan, info@uch-ibadan.org.ng and Massy Street Children Hospital, Lagos, Nigeria, +23412631979.

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